

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER Grant County Review		2. DATE 9-17-14
3. FREQUENCY OF ISSUE weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$36 and \$45.50
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) PO Box 390, Milbank, SD 57252		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) PO Box 390, Milbank, SD 57252		
6. FULL NAME OF PUBLISHER: Grant County Review Inc.		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p style="text-align: center;">FULL NAME</p> <p>Grant County Review Inc.</p> </div> <div style="width: 45%;"> <p style="text-align: center;">COMPLETE MAILING ADDRESS</p> <p>PO Box 390, Milbank, SD 57252</p> </div> </div>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. Great Western Bank		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	3650	3650
B. PAID AND/OR REQUESTED CIRCULATION	670	670
1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.		
2. Mail Subscription (Paid and or requested)	2629	2578
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	3299	3248
D. FREE DISTRIBUTION	65	43
1. BY MAIL, CARRIER OR OTHER MEANS		
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	8	8
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	3372	3299
F. COPIES NOT DISTRIBUTED	128	200
1. Office use, left over, unaccounted, spoiled after printing		
2. Return from News Agents	150	151
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	3650	3650

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

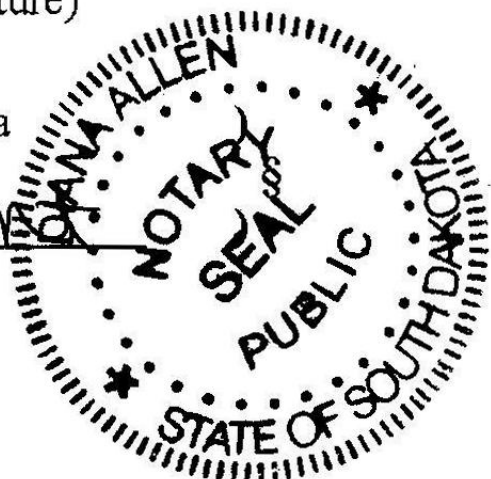
Debra Hammer
 (Signature)

Owner
 (Title)

State of South Dakota

County of *Grant*

(Seal)



Sworn to before me this *17* day of *Sept*, 20*14*

Diana Allen
 Notary Public

My commission expires: _____

DIANA ALLEN
 My Commission Expires Jan. 15, 2018

Corporation Stockholders

Debra Hemmer

513 S Grant St.

Milbank, SD 57252

Holl Seehafer

14557 472nd Ave

Twin Brooks, SD 57269